



SANDY CITY FIRE DEPARTMENT CITIZEN'S ACADEMY APPLICATION

Date				
Name				
Last		First	Middle	
Date of Birth	Age	Email A	Address:	
Address				Zip Code
Phone (Home)		Cell	Work	
Employer			Pł	none
Employer Address				
Occupation				
In case of emergency, w	hom should v	ve notify?		
Name		Addre	ess	
Home Phone			Cell Phone	
Relationship				
Do you have a valid driv	er's license? (Circle one) Y	ES NO	
If yes, Driver's License #				
Tell us why you are inte	rested in atte	nding the Citi	zens Fire Academy:	
Please list any communi	ity activities (0	Organizations	s, sports, associations, et	rc.):



Ncarter@sandy.utah.gov



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Please list two references that are not family	members:
Name	Home Phone
Name	Home Phone
What is your t-shirt shirt size? (Circle one) N	1 L XL 2XL
	I health and be a resident or work in Sandy City to demy you are expected to attend all scheduled classes.
Signature	Date
Class size is limited to 18 participants	
Please E-mail, mail or drop off your complete	ed application to:
Sandy City Fire Department	
Attn: Citizens Fire Academy	
9010 S 150 E	
Sandy, Utah 84070	
Phone: (801) 568-2930	
Fax: (801) 561-7780	

(If you are not accepted into the immediate class your application with be put on file for the next class.)